## **DECLARATION FOR "371" APPLICATION**

COMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCKET PG4881 First Named Inventor: Gregor John McLennan ANDERSON						
( ) Declaration submitted with initial	filing or		ANDERSON				
( ) Declaration submitted after initial		Complete if known: App No.:					
			Group Art Unit:				
As below named inventor. I hereby declare that:							
My residence, post office	address and citizenship are as stated b	elow next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
MEDICAMENT DISPENSER							
the specification of which (check only one item below):							
[ ]is attached hereto.  OR [ x ] was filed on 17 July 2003 as United States application Serial No or PCT International							
Application Number PCT/EP03/07937 filed_and was amended on (MM/DD/YYYY)(if applicable)							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY				
Number (s)		(MM/DD/YYYY))	CLAIMED				
1. 0216831.8	GREAT BRITAIN	19 July 2002	X				
2.							
3. 4.							
5.							
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:							
Application No. Filing Date (MM/DD/YYYY)							
1.							
2.							

- N - W.

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PG4881

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PCT international filing date of this application:								
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION								
						STATUS (Check one)		
U.S.	Parent Application or F Number	PCT Parent	Parent Filing D (MM/DD/YYY		PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462								
Address all correspondence and telephone calls to Customer Number 23347  Direct Telephone Calls to:						alls to:		
				James Rick 919 483 8022				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
2	FULL NAME OF INVENTOR	FAMILY NAME ANDERSON		FIRST GIVEN NAM Gregor	E	SECOND GIVEN NAM John, McLenna		
00	INVENTOR'S SIGNATURE	Signature ANIX	WWW	CM.		Date: 14th At	UT 2003	
- <u> </u>	DEGIDENIOE 0	CITY		CTATE OD FODEIC	N COUNTRY	COUNTRY OF CITIZEN	NCILID	

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	ANDERSON	Gregor	John, McLennan	
	INVENTOR'S	Signature In INVINA		Date: 14th AUG 2003	
100	SIGNATURE	Signature CANCOMENDEVSCIN.		, -	
0	RESIDENCE &	CITY		COUNTRY OF CITIZENSHIP	
1	CITIZENSHIP	Ware	Hertfordshire, GB	GB	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
		Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR				
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	CITIZENSHIP				
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2	ADDRESS				
	FULL NAME	FIRST, SECOND AND FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR				
1				Date	
1	INVENTOR'S	Signature		Date	
1	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
0	RESIDENCE &		STATE OR FOREIGN COUNTRY	COUNTRY OF CHIZENSHIP	
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	POST OFFICE	FOST OFFICE ADDRESS		STATE & ZIF CODE/COUNTRY	
3	ADDRESS	PIRCE SECOND AND FAMILY NAME	FIRST CIVEN NAME	CECOND CIVEN NAMEGNITIAL	
	FULL NAME	FIRST, SECOND AND FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	Cian storm		Bata	
	INVENTOR'S	Signature		Date:	
	SIGNATURE	Cumi	CTATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CHIZENSHIP	
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
Ι.	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
4	ADDRESS			}	